SENATOR GEORGE V. VOINOVICH INTERNSHIP APPLICATION

DATE:
NAME:
CURRENT MAILING ADDRESS:
CURRENT PHONE NUMBER:
PERMANENT MAILING ADDRESS:
PERMANENT PHONE NUMBER:
SOCIAL SECURITY NUMBER:
HIGH SCHOOL ATTENDED:
COLLEGE ATTENDING:
TYPE OF INTERNSHIP:
Volunteer:
College Credit*:
Paid * *: (Washington DC only)

^{*}please complete Academic Credit Verification

^{**}please complete Financial Need Verification ONLY if you wish to be considered for a paid internship.

DATES OF AVAILABILITY:
DAYS OF THE WEEK/TIME OF DAY AVAILABILITY:
OFFICE PREFERENCE (1-6):
Washington, DC:
Columbus, OH:
Cleveland, OH:
Cincinnati, OH:
Toledo, OH:
Gallipolis, OH:
When do you anticipate graduating?
What are your post graduation plans?
What skills do you bring to the internship (computer, office, writing, interpersonal)?
PLEASE INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION: (Please F-mail or Fax all attachments with application)

- Current Resume
- Essay describing why you are interested in interning in Senator Voinovich's office (limit to one page)
- Two or three reference letters (only one academic)
- College transcript (unofficial)

credit for your internship experience)
Academic Advisor:
Name:
Address:
Phone:
Area(s) of Study:

Academic Credit Verification (Complete if you are receiving college

What will be required of Senator Voinovich's office (evaluations, specific projects or assignments)?

What will the school require of you?

Financial Need Verification (Complete **ONLY** if you wish to be considered for a paid internship position)

ou are primarily supported by which of the following:	
Self	
Spouse	
Parent(s)	
Legal Guardian(s)	
nnual Income:	
lumber of Dependents supported by the above income:	
are you receiving any of the following types of Federal Financial Assistant or college expenses?	nce
ederal Pell Grant: YesNo ederal Work Study: YesNo ederal Plus Loans: YesNo ederal Stafford Loans: YesNo ederal Supplemental Educational Opportunity Grants: YesNo erkins Loans: Yes No	
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